

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000026475 (2)**

1. Corporation Name
STRATHSPEY, INC.



Principal Place of Business 100 CALEDONIA DR. MELBOURNE BCH. FL 32951 US	Mailing Address 100 CALEDONIA DR. MELBOURNE BCH. FL 32951-9902 US
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3. Date Incorporated or Qualified 04/07/1993	3a. Date of Last Report 04/19/1996
4. FEI Number 65-0413682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 219 SALT GRASS PLACE Suite, Apt. #, etc. 22 City & State 23 MELBOURNE BEACH, FL Zip 24 32951	2a. Mailing Address 26 219 SALT GRASS PLACE Suite, Apt. #, etc. 27 City & State 28 MELBOURNE BEACH, FL Zip 29 32951	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent

**BURNS, JULIE
100 CALEDONIA AVE.
MELBOURNE BCH. FL 32951**

10. Name and Address of New Registered Agent

81 Name BRIAN SCULTHOP
82 Street Address (P.O. Box Number is Not Acceptable) 219 SALT GRASS PLACE
83
84 City MELBOURNE BEACH FL
85 Zip Code 32951

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Brian Sculthorp* **BRIAN SCULTHOP** **4/21/97**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, ADRIAN M		1.2 NAME	
STREET ADDRESS 51 BRAID AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP EDINBURGH EH10 6EB U.K. OG		1.4 CITY-ST-ZIP EDINBURGH, EH10 6EB, U.K.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME SMITH, ARLENE M		2.2 NAME	
STREET ADDRESS 51 BRAID AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP EDINBURGH EH10 6EB U.K. OG		2.4 CITY-ST-ZIP EDINBURGH, EH10 6EB, U.K.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Adrian Smith* **ADRIAN SMITH** **4/21/97 407-676-0521**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)